

Minnesota Board of Chiropractic Examiners Animal Chiropractic Initial Application

Rev. 09/2016

Rights of Subject Data – Tennesen Warning

Rev. 03/2014

You are being asked to supply private or confidential data as part of an application for issuing or renewing either a license or registration. The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for license or registration issuance or renewal. You are not required to provide this information. However, your failure to do so may impede your ability to receive or renew a license or registration. This data is classified as confidential during the pendency of the application but may then, with the exception of Social Security Numbers, become public following issuance or renewal of the license or registration. Board staff, Board designee's, and staff of the Attorney General's office may have access to this data, as required for review of this application. Questions and answers requiring previous licensure or conduct are maintained as confidential, and will become private once the license or registration is issued or renewed. You have the right to consult with legal counsel before providing any information to the Board.

Information About This Application

Applicants must return this form to the Minnesota Board of Chiropractic Examiners by mail at 2829 University Ave SE, Suite 300, Minneapolis, MN 55414 and arrange for receipt by the MBCE of their **official*** certificates of standing and transcripts as described below:

1. **Official*** certificates of good standing from each state or jurisdiction in which you are or were previously licensed; and
2. **Official*** transcripts showing number of hours of study, and description of subject matter (syllabus) in the utilization of animal chiropractic. Courses must be accredited /approved as defined in accompanying statute.

***Official** means that each document is an **original** document received by the MBCE **directly from** the source of origin. If the MBCE receives copies or documents not properly sealed by the source of origin; the documents will not be accepted

Pursuant to M.S. 148.108, subpart 4a, a filing fee of \$125.00 payable to the MBCE is due upon receipt of this application. All Animal Chiropractic registrations are subject to an annual renewal fee of \$75 (pursuant to M.S. 148.108, subpart 4b) due by December 31 of each calendar year.

The Board issues animal chiropractic certificates upon receipt of all required information. If any portion of this application is incomplete, the application will not be processed, but will be returned to the sender for completion. Only forms containing original signatures will be accepted Faxed copies are not acceptable. Upon receipt of the Animal Chiropractic certificate you will be authorized to provide animal chiropractic services as defined in statute.

Complete Statutes and Rules related to Animal Chiropractic may be found on the Board's website at www.mnchiroboard.com under "Laws and Rules".

If you have any questions, please feel free to contact the Board office at 651-201-2850.

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All boxes must be answered or marked as “not applicable.” Unanswered questions will result in the application being returned to you and will delay processing.



Step 1: Individual Registering

Last Name	First Name	Middle (full) Name	Suffix
Other / Alias / Maiden Name			
Address Line 1			
Address Line 2			
City	State / Province	Zip Code	
County	Country		
Home Phone ()	Work Phone ()	Cell Phone ()	
Fax Number ()	Email Address		
MN DC License Number	Length of Time in MN	Licenses in Other States	

Step 2: Primary Location Where Animals May Be Cared For:

Address Line 1		
Address Line 2		
City	State / Province	Zip Code
County	Country	
Does this location have a separate facility with a non-carpeted floor for treating animals? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Step 3: Education

I completed training for animal chiropractic at the following institution(s):

All courses must have been taken from an American Veterinary Chiropractic Association, International Veterinary Chiropractic Association, or higher institution-approved program, consisting of no less than 210 hours of education and training. Programs must be approved in advance by the MBCE and appear on the attached list of approved programs.

Name of Institution You must arrange for official transcripts to be received by the Board directly from the institution	Location (City & State / Country)	Dates of Attendance (month/year)		Hours Earned
		From	To	

(Attach additional sheets if necessary)

Please Print: Last Name

First Name

Middle Name

MN DC #

Step 4: Practices in Other States

I am practicing animal chiropractic in the following state(s):

List below all states in which you hold or have ever held a professional license or registration related to animal chiropractic. (A letter of good standing must be received by the MBCE directly from each state or jurisdiction listed.)

State & Type of License/Registration	License/Registration Number	Original Licensure/Registration Date	Current Standing

(Attach additional sheets if necessary)

Step 5: Notarized Affidavit to the MN Board of Chiropractic Examiners

I hereby affirm that I am an active Doctor of Chiropractic and that I read and understand the requirements listed in Minn. Session Laws 2014 Chapter 297 (SF 3683) and will obey all the rules of the Minnesota Board of Chiropractic Examiners relating to animal chiropractic.

I hereby assert that I meet all requirements listed therein.

I further acknowledge and agree as follows:

- This registration **will** expire on December 31 of each year.
- Renewal of my registration **will** annually require the payment of a fee of \$75.
- My eligibility for registration renewal shall be dependent upon whether I meet all renewal requirements which may be established by statute or rule.
- I understand I must acquire **six units of continuing education** in the area of Animal Chiropractic **in addition to** my regular 20 unit continuing education requirement, by December 31 each year to maintain an Active Animal Chiropractic registration.
- I understand that this registration does not permit the utilization of acupuncture on animals.
- I understand that I may not practice animal chiropractic without maintaining an active chiropractic license and a separate animal chiropractic registration.
- I understand that "animal chiropractic diagnosis and treatment" means treatment that includes identifying and resolving vertebral subluxation complexes, spinal manipulation, and manipulation of the extremity articulations of nonhuman vertebrates.
- I understand that as a licensed chiropractor, registered with the MBCE to perform animal chiropractic, I may engage in the practice of animal chiropractic diagnosis and treatment only if registered to do so by the board and the animal has been referred to the chiropractor by a veterinarian
- I agree to report violations of Minnesota Statute and/or Rules to the Board of Chiropractic Examiners and/or Board of Veterinary Medicine as appropriate and to participate in any investigatory or disciplinary actions before either Board as deemed appropriate by the MBCE.
- I understand that Animal Chiropractic diagnosis and treatment does not include:
 - i. performing surgery;
 - ii. dispensing or administering of medications;
 - iii. performing traditional veterinary care and diagnosis; or
 - iv. acupuncture.
- I understand that upon completion of my registration with the MBCE I may use the title "Animal Chiropractor".
- I understand that I must maintain complete and accurate records and patient files in the chiropractor's office for at least three years.

- I understand that I must make treatment notes and records available to the patient's owner upon request and must communicate their findings and treatment plan with the referring veterinarian if requested by the patient's owner.
- I understand that I must post a conspicuous sign in the reception area of that facility informing customers that nonhuman patients are treated on the premises.
- I understand that I must maintain a separate facility with non-carpeted floors for treating animals.

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

Please Print: Last Name

First Name

Middle Name

MN DC #

Applicant's Signature

Date

Before me personal appeared _____, to me known to be the person who signed this affidavit and being by me first duly sworn, an oath stated that all the statements in this affidavit are true and correct to the best of his/her knowledge and belief.

Signature of Notary

(NOTARY SEAL)

This _____ day of _____, _____.

Step 6: Fee & Submission

Please include a payment of \$125 made out to the *Minnesota Board of Chiropractic Examiners* and **mail all materials to:**
Minnesota Board of Chiropractic Examiners
2829 University Ave SE, Suite 300
Minneapolis, MN 55414

MBCE OFFICE USE ONLY

Form Related Information	Received Stamp	Payment Information		
Incomplete Form Returned To Licensee		Check Number		
Date Re-Received Form		Fee	OET N/A	Late Fee N/A
		Misc. Fee		
		Date Paid (if different)		Initials

Signature of Executive Director

Date of Approval

**COURSES APPROVED FOR ANIMAL
CHIROPRACTIC REGISTRATION
UPDATED 8/10/2008**

UNITED STATES

Healing Oasis Wellness Center, 2555 Wisconsin St.,
Sturtevant, WI 53177-1825, 262-898-1680, Fax 262-886-6460
Web Site: <http://WWW.HEALINGOASIS.EDU/> ; Email:
Contact@healingoasis.edu; Contact person: Pedro Luis Rivera,
DVM, FACFN

Options for Animals, Telephone: 309-658-2920, Fax: 309-658-
2622, Physical location: Wellsville, Kansas. For current
Information check their web Site: <http://www.animalchirop.com/>

Parker College of Chiropractic, 2500 Walnut Hill Lane, Dallas,
TX 75229, Post Graduate Department, Michelle Yungblut, 800-
266-4723 or 214-902-2479 Web Site: <http://www.parkercc.edu>

OUTSIDE UNITED STATES

Healing Oasis Wellness Centre of Canada, 124 Charing Cross
St, Brantford, ONT Canada, 519-448-1306, Fax 519-756-1597
Web Site: <http://www.veterinarychiropractic.ca/>

**BackBone Academy for Veterinary Chiropractic and Healing
Arts**, 4, D-27419 Kalbe, Germany, Telephone +49-4282-590688,
Fax +49-721-151366446, Web Site [http://www.backbone-
academy.com/home.html](http://www.backbone-academy.com/home.html)

International Academy of Veterinary Chiropractic, Dorfstr.17,
27419 Freetz, Germany, Telephone 0049 4282 590099; Fax
0049 4282 591852; Web Site <http://www.i-a-v-c.com>